

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/532264** FILING DATE
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3	1					
4	1					
5	1					
6	1					
7	1					
8	1					
9	1					
10		2				
11		2				
12	2					
13		1				
14		1				
15		2				
16		2				
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TOTAL IND. | | | **2** | | |
 TOTAL DEP. | **14** | | **28** | | |
 TOTAL CLAIMS | **15** | | **30** | | |

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND. | | | | | |
 TOTAL DEP. | | | | | |
 TOTAL CLAIMS | | | | | |